(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 26 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

		I. Name of Lobbyist(s) Andrew Antrobus		
II. Name of lobbyist's partnership, firm o	or corporation, if any:			
Pfizer Inc.				
(Name of partnership, firm of	r corporation)		 	
c/o 28 Liberty Ship Way, Suite 2815	Sausalito	CA	94965	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(⁴¹⁵) 903-2800 (⁴¹	5) 610-7604	e-mail pfizer@po	e-mail pfizer@politicomlaw.com	
(Telephone)	(Fax)		-	
III. This statement covers: (Choose one reportable expense transactions which ar All reportable transactions occurring in	e not attributable to any	one client).		
Pfizer Inc.				
(Full Name of Client a	s it appears on the Lobbyist	Registration Form)		
All reportable transactions by the lobbyis unrelated to any particular client.	st (including the lobbyist's	family), or the lobbying	firm listed below which a	
IV. Date of Report April 26, 2017 [] Reports cover: activity from date of registra	tion to 3/31/17 acti	July 26, 2017 wity from 4/1/17 to 6/30/17		
October 25, 2017 activity from 7/1/17 to 9		January 31, 2018 🗌 vity from 10/1/17 to 12/31/1	7	
V. There have been no fees received a If this box is checked, complete just this form Concord, NH 03301.				
VI. Check if additional reports are attach	ed:			
If you have received fees or made exper		lendum A - Fees and Exp	penses	
 If you have paid an honorarium or reimle Expense Reimbursement 	bursed expenses, you mus	file Addendum B Repo	ort of Honorariums or	
☐ If you, your firm, or your family has ma	de political contributions,	you must file Addendum	C- Political Contribution	
Sworn Statement/Affirmation by Lobbyis I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge a (Signature of lobbyist)	and RSA 664 and hereby s	wear or affirm that the fo		
Andrew Antrobus		V (3 mo)	,	